

Attorney's Docket No.: <u>42390.P5104</u>

PATENT

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (FOR INTEL CORPORATION PATENT APPLICATIONS)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR POWERING ON AN ELECTRONIC DEVICE WITH A VIDEO CAMERA THAT DETECTS MOTION

the specification of which

| xxx | is attached heretowas filed onMa | o. rch 6, | 1998 | | as |
|-----|----------------------------------|--------------|------|-------------|------|
| | United S or PCT I | 501 | | | |
| | | | | | |
| | and was | amended of | on | | |
| | | | | (if applica | ble) |

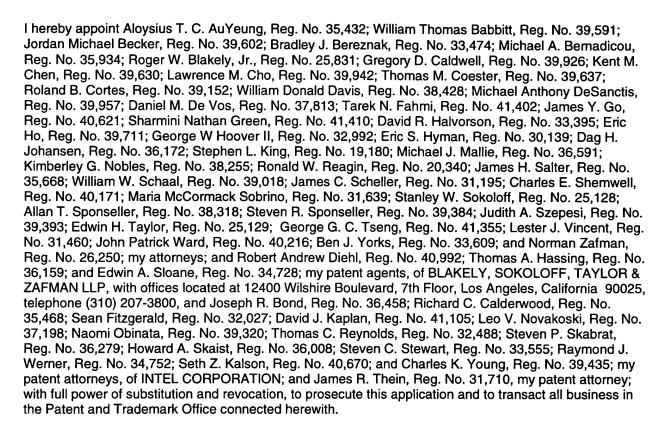
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Attorny Docket No.: 42390.P5104

| Prior Foreign Application(s) | | | Priori <u>Claim</u> | • |
|---|---|--|---|------------------------------------|
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| (Number) | (Country) | (Day/Month/Year Filed) | Yes | No |
| I hereby claim the benefit ur provisional application(s) lis | | Code, Section 119(e) of any | United S | States |
| (Application Number) | Filing Date | <u></u> | | |
| (Application Number) | Filing Date | <u> </u> | | |
| application(s) listed below a is not disclosed in the prior of Title 35, United States Co known to me to be material | nd, insofar as the subject United States application i ode, Section 112, I acknow to patentability as defined available between the filir | s Code, Section 120 of any U matter of each of the claims on in the manner provided by the vledge the duty to disclose all in Title 37, Code of Federal I ing date of the prior application | of this ap e first para l informat Regulatio | plication agraph ion ons, |
| (Application Number) | Filing Date | , | (Status patented, pending, abandoned) | |
| (Application Number) | Filing Date | (Status patented pending, | , abandor | ned) |



Send correspondence to <u>Allan T. Sponseller, Reg. No. 38,318</u>, BLAKELY, SOKOLOFF, TAYLOR & (Name of Attorney or Agent)

ZAFMAN LLP, 12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025 and direct telephone calls to Allan T. Sponseller, Reg. No. 38,318, (503) 684-6200.

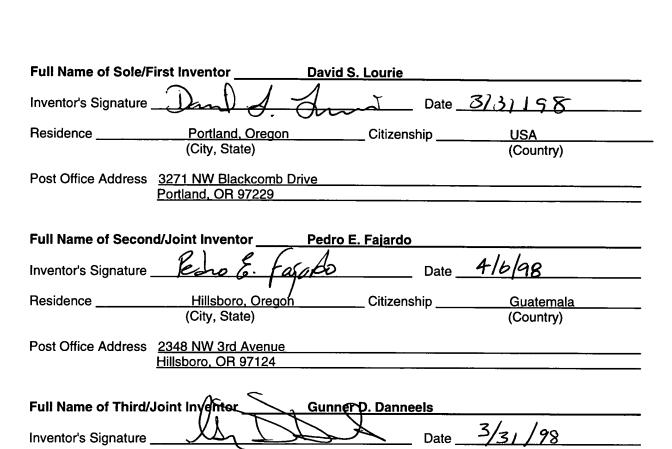
(Name of Attorney or Agent)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Attorny Docket No.: 42390.P5104

Residence _





Beaverton, Oregon Citizenship

(City, State)

Beaverton, OR 97007

Post Office Address 4840 SW 166th Avenue

(Country)

| FORM PTO-1595 (Rev. 6-93) OMB No. 0651-0011 (exp. 4/94) | Recordation Form Cover Sheet PATENTS ONLY U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office |
|--|---|
| Tab settings 🖒 🖒 | <u>▼</u> ▼ ▼ ▼ ▼ |
| To the Honorable Commissioner of Paterns | alid ragemarks. Please record the attached original documents or copy thereof. |
| Name of conveying party(ies): | 2. Name and address of receiving party(ies): |
| MUL) | Name: INTEL CORPORATION |
| \ 2 | Internal Address: |
| (A) | (7) |
| Additional name(s) of conveying party(ies) attached | Yes No |
| 3. Nature of conveyance: | Street Address: 2200 Mission College Boulevard |
| Assignment Merg | |
| | |
| | nge of Name City Santa Clara State CA ZIP 95052 |
| Other | |
| Execution Date: | Additional name(s) & address(es) attached? Yes No |
| Application number(s) or patent num | |
| · Parametriania (o) or parent man | |
| | h a new application, the execution date of the application is: |
| A. Patent Application No.(s) | B. Patent No.(s) |
| | |
| | |
| Addition | al numbers attached? Yes No |
| Name and address of party to whom corre- concerning document should be mailed: | spondence 6. Total number of applications and patents involved: |
| Blakely, Sokoloff, Taylor & | Zafman, LLP |
| Name: | 7. Total fee (37 CFR 3.41)\$ 40.00 |
| | Enclosed |
| Internal Address: | |
| Street Address: 12400 Wilshire Blv | d Authorized to be charged to deposit account |
| 7th Floor | 8. Deposit account number: |
| City: Los Angeles State CA | ZIP: 90025 02-2666 |
| State: | (Attach duplicate copy of this page if paying by deposit account) |
| | |
| Statement and signature. | DO NOT USE THIS SPACE |
| <u> </u> | ef, the foregoing information is true and correct and any attached ument. |
| | |
| | Circultura |
| Name of Person Signing | Signature Date |
| Total number of pages compri | ising cover sheet, attachments, and document: |

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents and Trademarks, Box Assignment,

Washington, D.C. 20231

| Attorney | Docket | No.: | |
|----------|--------|------|--|
| | | | |